combined Declaration For Pater	t Application and P	ower of Attorney	***	ATTO 82200	RNEY DOCKET			
As below named inventor, I hereby d	eclare that:			. 02200	711-			
My residence, post office address and citizenshi	p are as stated below next to	my name,						
believe I am the original, first and sole inven				inventor (if plur	al names are listed			
elow) of the subject matter which is claimed at	id for which a patent is sough	it on the invention entitled	1:					
EXPANSION OF COLOR GA	MUT FOR SILVE	ER HALIDE ME	CDIA					
The specification of which (check only one item	below):		<del></del>					
is attached hereto.		•						
was filed as United States Application	Serial No. on and				٠.			
was amended on (if applicable).					÷			
was filed as PCT international applica	tion Number on and was	amended on (if applica	ble).					
hereby state that I have reviewed and understa	nd the contents of the above-	identified specification, in	icluding the clai	ms, as amended	by any amendment			
eferred to above.	·							
acknowledge the duty to disclose to the U.S. I	Patent & Trademark Office a	ll information known to r	ne to be materia	l to patentability	as defined in Title			
37, Code of Federal Regulations, §1.56.  hereby claim foreign priority benefits under T	itle 35. United States Code.	6119 (a)-*d) or 365 (b) o	of any foreign a	oplication(s) for	patent or inventor's			
certificate, or (365 (a) of any PCT international	application(s) which designa	ites at least one country o	ther than the Un	ited States of Ar	nerica, listed below			
and have also identified below any foreign app		·						
one country other than the United States of Amoriority is claimed:	erica filed by me on the same	e subject matter having a	tiling date befor	e that of the appl	lication(s) of which			
priority is claimed: PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:								
COUNTRY (# PCT, indicate PCT)	APPLICATION NUMBER	DATE OF FILING (mintr/dayyear)		PRIORITY CLAIMED	UNDER 35 USC §119			
programmed corr	- '-	[DARFORYTON]		YES	NO '			
Ş				YES	NO			
		<del></del>	<u> </u>					
*	A 1			YES	NO			
harshy claim the benefit water Tide 25, 11, 24	1 States Code 110 8/-> -F	by United States	al application(-)	-	NO .			
hereby claim the benefit under Title 35, United				-	NO .			
hereby claim the benefit under Title 35, United PRIOR PROVISIONAL APPLICATION(S)				-	NO			
				listed below:	NO			
PRIOR PROVISIONAL APPLICATION(S)			§119 (e):	listed below:	NO			
PRIOR PROVISIONAL APPLICATION(S)	AND ANY PRIORITY CLA	IMS UNDER 35 U.S.C	. §119 (e):	) listed below:				
PRIOR PROVISIONAL APPLICATION(S)  PROVISIONAL APPLICATION(S)  PROVISIONAL APPLICATION NUMBER  PROVISIONAL APPLICATION (S)	AND ANY PRIORITY CLA	NIMS UNDER 35 U.S.C	FRING DATE (monitode)  ion(s) or PCT ir	listed below:	cation(s) designating			
PRIOR PROVISIONAL APPLICATION(S)  PROVISIONAL APPLICATION(S)  PROVISIONAL APPLICATION NUMBER  Thereby claim the benefit under Title 35, United the United States of America that is/are listed to borior applications(s) in the manner provided by Office all information known to me to be main	d States Code, §120 of any prelow and, insofar as the subject the first paragraph of Title terial to patentability as defi	nior United States applicated matter of each of the case, §112, 1 acknowledge ned in Title 37, Code of	ion(s) or PCT ir claims of this ap the duty to disc Federal Regula	olisted below:	cation(s) designating isclosed in that/thos Patent & Trademark			
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Combined Declaration For Patent Application and Power of Attorney (Continued)

ATTORNEY DOCKET 82200PAL

POWER OF ATTORNEY: As a named inventor, I hereby appoint the attorney(s) and/or agent(s) associated with Eastman Kodak Company Customer No. 01333 to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

	nd Corresp	ondence to: Patent Legal	Staff	Direct Telephone Calls to: (name and telephone number)
		Eastman Ko 343 State Str	dak Company	Paul A. Leipold (716) 722-5023 FAX: (716) 477-1148
T	FULL NAME OF INVENTOR	FAMILY NAME Rochford	FIRST GIVEN NAME William	SECOND GIVEN NAME T.
	RESIDENCE &	Rochester	STATE OR FOREIGN COUNTRY New York 14626	COUNTRY OF CITIZENSHIP USA
	PUSINESS ADORESS	BUSINESS ADDRESS Eastman Kodak Company	343 State Street, Rochester	STATE & ZIP CODE (COUNTRY) New York 14650 USA
1	FULL NAME OF INVENTOR	FAMILY NAME Bourdelais	FIRST GIVEN NAME Robert	SECOND GIVEN NAME P.
	RESIDENCE & CITZENSHIP	CITY Pittsford	STATE OR FOREIGN COUNTRY New York 14534	COUNTRY OF CITIZENSHIP USA
	BUSINESS ADDRESS	BUSINESS ADDRESS Eastman Kodak Company	343 State Street, Rochester	STATE & ZIP CODE (COUNTRY) New York 14650 USA
	FULL NAME OF INVENTOR	FAMILY NAME Nair	FIRST GIVEN NAME Mridula	SECOND GIVEN NAME
,	RESIDENCE & CITIZENSHIP	Penfield	STATE OR FOREIGN COUNTRY New York 14526	COUNTRY OF CITIZENSHIP USA
	PUSINESS ADDRESS	BUSINESS ADDRESS Eastman Kodak Company	343 State Street, Rochester	STATE & ZIP CODE (COUNTRY) New York 14650 USA
<u> </u>	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
,	RESIDENCE &	СІТУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
1	BUSINESS ADDRESS	BUSINESS ADDRESS	CITY	STATE & ZIP CODE (COUNTRY)
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
5	RUSINESS ADDRESS	BUSINESS ADDRESS	CITY	STATE & ZIP CODE (COUNTRY)
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۱ ۰	RESIDENCE & CHIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
6	PUSINESS : ADDRESS	BUSINESS ADDRESS	CITY	STATE & ZIP CODE (COUNTRY)

true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine of imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

William Rochford	Land Louis ay	HAS dula Hay
12/14/01	12/12/01	DIC 11, 2001
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
DATE	DATE	DATE